

Good Afternoon Public Health Committee:

My name is Steven Loban residing in Naugatuck. I am both a former EMT as well as a heart attack survivor. I want to thank you for considering this bill and thank Reps. Rosa Rebimbas and David Labriola for co-sponsoring this proposed legislation to upgrade our Basic and Advanced EMTs to carry and administer : Nitro, Epi and Narcan.

My case is the reason why this bill was introduced. On August 9, 2014 I suffered a heart attack at my home and was conscious and alert; I dialed 911, took aspirin and calmly waited for assistance to arrive, which it did very quickly. However, I had to wait through three levels of EMS response before I received any form of emergency medical treatment in the pre hospital setting. The first response was a police officer equipped with a defibrillator in a bag. He never touched me. You don't defibrillate talking heart attack patients. He got on his radio and asked where the ambulance was. He was soon joined by another officer who waited with me. A few minutes later, the first due ambulance arrived which was a Naugatuck ambulance staffed by two EMTs. They were able to ask me questions and take my blood pressure which was highly elevated way above what the protocols would allow for Nitro administration. Bear in mind, EMTs are trained to advise and assist a patient who has their own nitro to take it based on blood pressure readings. They could do nothing more except radio for another ambulance with a paramedic. Soon after that request, a second ambulance did arrive, from American Medical Response (AMR) staffed by a Paramedic and an EMT-driver. The paramedic took charge of the care at this point, I was loaded into the Naugatuck ambulance with the AMR paramedic in the back. He administered a Nitro which did lower my blood pressure and relieve some of the pain as it worked to improve the blood flow in my blocked arteries by dialating the blood vessels. This may have saved my life, may have prevented a stroke and/or serious permanent disability.

I was wheeled into Saint Mary's Hospital Emergency Dept. where they were ready and waiting, continued treatment and I received two stents within 40 to 45 mins of my 911 call (they say you have 60-90 mins) for the type of heart attack I had to survive or avoid serious debilitation. My cardiologist told me I caught it early and luckily, I sustained little damage as a result. However, I believe I could have been given that nitro tablet minutes earlier by the first responding EMT ambulance.

The same can be said for Epi pens to use for bee sting or deadly food allergic reactions and Narcan pens for certain drug overdoses. If we can trust camp counselors and school nurses with these drugs, why not our EMTs who are the front line of EMS response in most of Conn's 169 cities and towns? Back in 1990 when I was an EMT, the only drug I could administer was oxygen and pray a paramedic could arrive in time to save a life. I understand the statutory framework to allow the administration of these drugs in appropriate medical emergencies by EMTs already exists and some services deploying EMTs to medical emergencies are already doing this. However, it is NOT a statewide standard and it is my intention that this bill will make it so. I believe the benefits far outweigh the costs or other implications of not doing so. Please feel free to contact me to discuss this matter further. I would welcome any questions from the Public Health Committee on this matter

Thank you,

Steven L. Loban